

Invoice for Submission of Alternate Use Bed Banking Notice

1. This form must be accompanied by a check payable to: ***The Department of Health*** for the review fee as identified below.
2. Complete the following prior to submission for review:

REVIEW FEE: \$ 883-Effective 11/28/03

APPLICANT NAME: _____

DATE OF SUBMISSION: _____ CHECK NUMBER: _____

4. Mail **ORIGINAL**, signed notice and payment to:

**Department of Health
Certificate of Need Program
310 Israel Road
Tumwater, Washington 98501
or
Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852**

ALTERNATE USE BED BANKING NOTICE REQUIREMENTS

"Enhance the quality of life for residents" means, for the purposes of voluntary bed banking, those services or facility modifications, which have a direct and immediate benefit to the residents. These shall include, but not be limited to: Resident activity and therapy facilities; family visiting rooms; spiritual rooms and dining areas. These services or facility modifications **shall not include** those that do not have direct and immediate benefit to the residents, such as: Modifications to staff offices; meeting rooms; and other staff facilities. (WAC 246-310-010)

1. For the entire facility, please provide a current facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
2. For the entire facility, please provide a floor diagram of the current facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.
3. For the entire facility, please provide a proposed facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
4. For the entire facility, please provide a floor diagram of the proposed facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.
5. Please complete the table below for the beds proposed to be banked. Note that the purpose of the beds banking must be consistent with alternate uses outlined in RCW 70.38.111(8)(a) and WAC 246-310. (Attach additional pages as necessary)

Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	Purpose of Proposed Bed Banking	# of Beds Remaining in Room (if any)
Total				

6. Is the existing licensee the building owner? _____Yes _____No. (If yes, go to question 8)

7. Does the building owner have a secured interest in the nursing home bed rights? _____Yes _____No.
In the event the existing nursing home licensee is not the building owner, the licensee shall provide:

a) If the building owner has a secured interest in the bed rights, an **original** written statement signed by the building owner indicating the building owner's approval of the bed reduction,

OR

b) If the building owner does not have a secured interest in the bed rights, a copy of the notice sent to the building owner by the licensee informing the building owner of the planned bed reduction.

8. Proposed Timetables for Project Implementation. Fill in those fields appropriate to this project.

Activity	Date
Funds necessary to undertake the project obtained	
Preliminary drawings submitted to Department of Health's Consultation and Construction Review program	
Final drawings and specifications submitted to Department of Health's Consultation and Construction Review program	
Construction contract awarded	
50% of construction completed (based on dollar value of the construction contract awarded)	
Construction Completed	
Licensure Approval Obtained	
Facility Operating-serving residents	

NOTE: If the above table does not identify correct project events in the change from nursing home beds to the proposed alternate use, please provide a listing of those project events with the projected completion dates. This information is used when evaluating future extension requests.

By submitting this request, the licensee reserves the rights to convert the banked beds back to nursing home care within the same nursing facility provided that the facility has remained in continuous operation, the facility has not been purchased or leased and has otherwise continued to qualify for bed banking. I further understand the initial time period for the bed banking is four years. Prior to the end of the four years, I must either convert the beds back to nursing home care as outlined in WAC 246-310-395 or request an extension as outlined in WAC 246-310-580 for one an additional four year period.

To effectuate this banking, the licensee must proceed with de-licensing the beds with the Department of Social and Health Services (DSHS). The Department of Health will bank the eligible beds as of the effective date of the license modification from DSHS.